Director's Forum

Measuring Change in Health-System Pharmacy Over 50 Years: “Reflecting” on the *Mirror*, Part II

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The *Director's Forum* guides pharmacy leaders in establishing patient-centered services in hospitals and health systems. 2013 marked the 50th anniversary of the publication of the *Mirror to Hospital Pharmacy*, which was a comprehensive study of hospital pharmacy services in the United States. This iconic textbook was co-authored by Donald Francke, Clifton J. Latiolais, Gloria N. Francke, and Norman Ho. The *Mirror's* results profiled hospital pharmacy of the 1950s; these results established goals for the profession in 6 paradigms: (1) professional philosophy and ethics; (2) scientific and technical expansion of health-system pharmacy; (3) development of administrative and managerial acumen; (4) increased practice competence; (5) wage and salary commensurate with professional responsibilities; and (6) health-system pharmacy as a vehicle for advancing the profession as a whole. This article critically reviews our progress on the last of 3 goals. An understanding of the profession's progress on these goals since the seminal work of the *Mirror* provides directors of pharmacy a platform from which to develop strategies to enhance patient-centered pharmacy services.

August 2013 marked the 50th anniversary of the publication of the *Mirror to Hospital Pharmacy*.¹ Donald E. Francke, Clifton J. Latiolais, Gloria N. Francke, and Norman Ho published the *Mirror* after conducting a research study through the US Public Health Service that surveyed hospital pharmaceutical services across the country. The *Mirror* had a strong message for hospital pharmacists in 1964: Both the physical practice and philosophy of hospital pharmacy needed to change.² This message was reinforced in a February 1964 publication that challenged hospital pharmacists to meet 6 goals³:

1. Teach hospital pharmacists by word and by precept the philosophy and ethics of hospital pharmacy as one of the healing arts and their personal, individual accountability to assume responsibility for professional practice;
2. Strengthen and expand the scientific and professional aspects of the practice of hospital pharmacy, including the consulting role of the hospital pharmacist, his [or her] teaching role, and his [or her] activities in the field of investigation and research;
3. Strengthen and perfect the administrative or management skills and tools essential to the hospital

pharmacist in his [or her] role as a department head;

4. Attract a greater number of well-trained pharmacists to hospital practice, including those with specialized education and training in hospital pharmacy;
5. Promote payment of realistic salaries to hospital pharmacists in both staff and managerial positions in order to attract and retain the services of career personnel;
6. Utilize the resources of hospital pharmacy to assist in the development and improvement of the profession as a whole.

These goals became the focus of the strategic plans of many US pharmacy departments. For example, departments justified facilities and process changes to centralize intravenous admixture services, expanded clinical services, and required the pharmacy director to have specific training in pharmacy leadership. These changes were inspired by key individuals, including Clifton J. Latiolais, Donald Francke, Phil Schneider, Paul Parker, Harold Godwin, Sara J. White, and Roger Anderson, to name a few. *Director's Forum* in the December 2013 issue of *Hospital Pharmacy* examined

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the progress on the first 3 goals for hospital pharmacy by describing each goal and providing an opinion on the profession's success or failure in achieving these goals since the seminal work of the *Mirror*. This column will examine the last 3 goals. This historical perspective on the goals provides directors of pharmacy a valuable leadership viewpoint and focus as they develop strategies to enhance patient-centered pharmacy services.

GOALS FOR HOSPITAL PHARMACY IN 1963: HOW HAVE WE DONE?

A detailed research study would need to be established to effectively assess how health-system pharmacy has progressed in the 50 years since the *Mirror* was published. We provide our perspective on the last 3 goals for hospital pharmacy as published in 1964; these goals focus on specialized education and practice in pharmacy, competitive salaries for pharmacists, and the development of the profession of health-system pharmacists.

Goal 4: Attract a greater number of well-trained pharmacists to hospital practice, including those with specialized education and training in hospital pharmacy

A hospital or health system should strongly consider hiring specialty trained pharmacists in their departments. Specialty practice pharmacists (specialists) work in areas of pharmacy that require specific and often extensive pharmacotherapy knowledge. There are some specific points to consider as we analyze our success in meeting this goal.

Many specialists have credentials specific to their practice, but no standardization of job requirements for specialists exists across the profession. For example, pharmacists practicing in a specialized area may not have residency or certification, but have significant work experience in a specialty area. Although there is some controversy as to what defines a specialist, the general view is that specialists should be defined by a combination of their clinical work experience, training, and professional certification.

Regardless of the department's practice model, there is a need for pharmacists with significant training and experience in specialty areas. The Board of Pharmaceutical Specialties (BPS), through its certification process, recognizes the need for specialized practice areas. Recently BPS expanded its certification in the areas of critical care and pediatrics; BPS is also considering expanding certification to pain and palliative care.⁴ Geriatric pharmacy is recognized by the Commission for Certification in Geriatric Pharmacy

(CCPG), which is an autonomous division of American Society of Consultant Pharmacists (ASCP). Disease-specific certification programs from other professional organizations are available for anticoagulation, diabetes, asthma, and hyperlipidemia.^{5,6} In 2006, the American College of Clinical Pharmacy (ACCP) announced the vision that most clinical pharmacy practitioners will be board-certified specialists in 20 to 30 years.⁵

In most academic medical centers or large teaching hospitals, specialized training or experience is required to contribute effectively to the medical team. For example, at The Ohio State's Wexner Medical Center, the medical staff leadership requires specialty training for critical care and transplantation; "on the job" experience is not sufficient to participate on a patient care team in the intensive care unit. Many smaller hospitals are still in need of specialized expertise to advance their quality of pharmaceutical care and pharmacy practice models. In addition, pharmacy school curricula contain a diversity of subject matter that cannot effectively be taught by faculty without specialized training. There is a plethora of literature that demonstrates the value of specialists in critical care, oncology, emergency medicine, and infectious diseases management.⁷ Finally, the American Society of Health-System Pharmacists (ASHP) long-range vision for the pharmacy work force states that PGY2 specialty training will be required for pharmacists who care for highly specialized and complex patients.⁸

Pharmacy specialists have many responsibilities outside of patient care and resident/student education. They are involved in interdisciplinary committees, they spearhead safety and quality projects, and they develop drug use policies. Specialists present educational conferences to staff regarding clinical topics and help develop strategies to mitigate the impact of drug shortages. Finally, they participate in clinical research and departmental projects as well.

Anecdotal reports from academic medical centers across the country show that health care industry consultants are recommending the "downsizing" of pharmacy specialists in organizations in an effort to reduce costs. This poses a challenge to all pharmacy leaders as we continue to justify the value of our pharmacists.

As we move into the next 50 years, we must continue to place specialty-trained pharmacists effectively in patient care teams and show their benefit in improving quality and reducing costs. Strategies for recruiting specialty trained pharmacists include developing a credible and realistic return on investment for a specialty pharmacist, create an attractive job

posting and use social media effectively, improve the skills of your current staff, engage specialty professional organizations, develop specialty residency programs, and recruit from that pool of potential candidates.

Goal 5: Promote payment of realistic salaries to hospital pharmacists in both staff and managerial positions in order to attract and retain the services of career personnel.

At the time that the *Mirror* was written, hospital pharmacy was just emerging and issues around staffing, compensation, and management/leadership competencies were becoming recognized. This goal focused on the belief that as the profession grew in scope, salaries would need to be at a level to attract highly qualified pharmacists.

During the past 50 years, the growth of health-system pharmacy practice as a career path and the expansion of staffing levels in hospitals throughout the country indicate that we have been successful in achieving this initial goal. Although the salaries of health-system pharmacists typically are slightly less than those of pharmacists in community practice and industry, job satisfaction is generally reported to be high.⁹ This difference in job satisfaction has helped health-system pharmacies weather periodic pharmacist shortages, such as those experienced in the early 1990s.

Contrary to the original concerns of the authors of the *Mirror*, the salaries of pharmacists in the United States have risen to quite high levels compared to other health professionals. These higher salaries have led to a new concern: The costs of a pharmacist (specifically those trained as specialists) may be an obstacle in establishing roles for pharmacists in team-based care when lower paid professionals (physician assistant, nurse practitioner) might provide similar activities. Further, pharmacists not having prescriptive authority poses an additional obstacle to their position within team-based care, as this authority improves the efficiency of the physician.

Nevertheless, several studies have demonstrated the value of pharmacists within health systems with regard to patient safety, outcomes, and costs.¹⁰⁻¹³ Given the financial constraints of the US health care system, pharmacists can demonstrate their value by providing more direct patient care services, while simultaneously taking advantage of informatics and automation and expanding the use of pharmacy technicians and other supportive personnel. There is a growing recognition of the importance of optimal medication use in order to produce optimal quality

and safety outcomes as well as to control overall health resource utilization. Pharmacists will continue to have significant opportunities to create new roles and responsibilities within the health care system and organized systems of care.

Goal 6: Utilize the resources of hospital pharmacy to assist in the development and improvement of the profession as a whole

This goal focused on health-system pharmacy contributing to the advancement of the profession. When reviewing the profession's progress toward this goal, we see that health-system pharmacy needs to improve in the area of engaging patients and educating them about the services that are provided by a health-system pharmacist. Health-system pharmacy directors can improve patient knowledge of the pharmacist in their care by incorporating pharmacy's role in patient education leaflets that describe the hospital services. Hospital-based retail pharmacy services are also another venue through which to educate patients about the role the hospital pharmacist plays in their care.

Collaboration of pharmacy organizations also plays a role in developing and improving the profession. ACCP, American Pharmacists Association (APhA), and ASHP partnered in 2012 to submit a petition to the BPS seeking recognition of critical care pharmacy practice as a specialty in pharmacy. These 3 national pharmacist organizations provided a detailed case for specialty recognition by citing the highly complex needs of critically ill or critically injured patients who require intensive care, usually with life and death consequences. The organizations urge board recognition, because the complexity of critical illnesses requires that patients have access to the expertise of a critical care pharmacist specialist who brings a deep understanding of how drugs function and interact in critically ill patients. This collaboration added critical care as a board specialty, with the first test to be administered in Fall 2015. Continued collaboration of these organizations, along with other disciplines (eg, American Medical Association), will be necessary for the profession to continue to advance and to fully integrate the pharmacist as an accountable and integrated member of the health care team.

Sara J. White's 2005 study showed the attitudes toward management and leadership roles in health-system pharmacy and raised a concern of a potential gap in pharmacy leadership that could negatively impact the development of the profession.¹⁴ ASHP and other organizations responded to this report by increasing the focus on management and leadership

development. A re-evaluation after 7 years of efforts to address this problem concluded that the potential for a health-system pharmacy leadership crisis still exists, but the learning and development initiatives in this area have had some success in mitigating the problem.¹⁵ Nevertheless, additional focus is needed in the area of leadership development in health-system pharmacy.

CONCLUSION

We continue to make significant progress on the goals of specialized education and practice in pharmacy, competitive salaries for pharmacists, and the development of the profession of health-system pharmacists. Specialization in pharmacy is supported by the BPS, and strategies are needed to expand specialization in nonacademic medical centers. The profession continues to be competitively paid but that may be threatened by pressures from consultants and the limited activities of pharmacists in prescribing medications. Collaboration among professional societies, outside of pharmacy, is necessary to ensure that pharmacy maintains its role in practice. Understanding our progress on these goals since the seminal work of the *Mirror* provides directors of pharmacy a valuable leadership viewpoint as they develop strategies to enhance patient-centered pharmacy services.

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